

Early Start Columbus Affidavit

Please provide the following information and signature in blue ink.

By signing this form I affirm that all information is complete and accurate to the best of my knowledge. I understand that I may need to provide additional documentation to support my responses. I understand that any misrepresentation or false information may result in exclusion.

Applicant Agency:	
Agency/Program Director:	
Mailing Address:	
Telephone:	Fax:
Federal Tax ID Number:	City Vendor Number:
E-Mail Address:	
<i>Signature of Agency Director:</i>	<i>Date:</i>
Board Chair Name:	
<i>Signature of Board Chair:</i>	<i>Date:</i>

